
HEALTH CARE FOR TEXAS CHILDREN IN FOSTER CARE: STAR HEALTH

Please see Checklist Section for Medical and Mental Health Care Checklist.

In April 2008, all children under state conservatorship became eligible for STAR Health, a comprehensive, managed care program designed to better coordinate and improve access to health care for:

- Children in DFPS conservatorship (under age 18)
- Youth in CPS extended foster care (ages 18 to 22)
- Youth who were previously under DFPS conservatorship and have returned to foster care (ages 18 to 22) through voluntary foster care agreements
- Youth ages 18-21 who aged out of foster care at age 18 and are eligible for Medicaid services
- Former foster care youth (ages 21 to 23) enrolled in an institution of higher education located in Texas enrolled in the Former Foster Care in Higher Education (FFCHE) program.

A. STAR Health at a Glance

STAR Health provides a full-range of Medicaid covered medical and behavioral health services for children in DFPS conservatorship and young adults in DFPS paid placements, including:

- A Medical Home for each child, meaning a doctor, or other Primary Care Provider (PCP), or PCP Team to oversee care
- Speedy enrollment for immediate health care benefits
- Coordination of physical and behavioral healthcare
- Preventive care through Texas Health Steps
- Access to healthcare through a network of providers (doctors, nurses, hospitals, clinics, psychiatrists, therapists, etc.)
- Health Passport to make more health history and health information available to medical consenters, doctors, and other healthcare providers

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- Nursing and Behavioral Health 24/7 help-lines for caregivers and caseworkers
 - Medical advisory committees to monitor healthcare provider performance
 - Recruitment of providers with a history of treating children who have been abused or neglect

B. Physical Healthcare Benefits Provided by STAR Health

- Dental services
- Vision services
- Service coordination
- Clinical service management and disease management
- Health Passport
- Help-lines for consumers and healthcare providers
- Physical, occupational, speech, and other health-related services
- Prescriptions
- Hearing Exams/Hearing Aids
- Durable Medical Equipment
- Hospital Care
- Emergency Room
- Inpatient Services
- Physical Therapy
- Lab Tests/X-Rays
- Transplants
- Family Planning
- Disease Management (Asthma, Diabetes, etc.)

C. Behavioral Health Benefits Provided by Cenpatico

- Mental Health and Substance Abuse Services

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- Inpatient Services
 - Partial Hospitalization
 - Intensive Outpatient
 - Day Treatment
 - Observation
 - Rehabilitative Services
 - Outpatient Therapy
 - Telemedicine
 - Disease Management (Intellectual Developmental Disabilities)
 - Complex Case Management

D. Who is Not Included?

Children who are:

- Placed outside of Texas;
- From other states but placed in Texas;
- Residents in Medicaid-paid facilities (nursing homes, state schools);
- Dually eligible for Medicaid and Medicare;
- Adopted and the adoption is finalized;
- In hospice; or
- In DFPS conservatorship, but placed in a TYC facility or on probation.

E. Transitioning Youth

The **Former Foster Care Children Program** provides healthcare coverage to youth who age out of foster care at age 18, were receiving coverage, is a U.S. citizen or has qualified alien status such as a green card. This coverage is available through age 25 under two separate programs, based on age:

- Young adults aged 18 through 20 are automatically enrolled in the STAR Health Program, but can switch to STAR Health Member Plan, if they prefer; and

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- Young adults aged 21 through 25 choose the STAR Health Member Plan of their choice through the month of their 26th birthday.

The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), requires states to provide Medicaid coverage to youth and young adults under age 26 who were in foster care and were receiving Medicaid when they aged out of foster care.

For foster youth who are under the age of 21, but who are not eligible for the Former Foster Care Children Program because the youth did not receive Medicaid at the time he/she aged out of care, coverage is provided by STAR Health for youth who are:

- Age 18 through 20;
- In Texas foster care on his/her 18th birthday or older;
- Not have other health coverage;
- Meet program rules for income; and
- Be a US citizen or have a qualified alien status, such as a green card.

It is not necessary for a court to extend jurisdiction beyond age 18 for this coverage to apply. See the [Extending Foster Care for Transitioning Youth](#) chapter of this [Bench Book](#) for more information.

F. Medical Consent

Before a child may receive medical treatment, consent is required. In 2005, Texas passed a law that requires each child in DFPS conservatorship to have a medical consenter. The responsibility of this medical consenter is to provide medical consent. Medical consent means making a decision on whether to agree or not agree to a medical test, treatment, procedure, or a prescription medication.

1. Informed Consent

Informed consent means the medical consenter gets complete information about the proposed medical care before making a decision. The goal is to make sure that the medical consenter makes an informed decision about the child's health care.

When permission is given for health-care, the Medical Consenter must make sure he or she understands:

- The child's symptoms and medical diagnosis.
- How the treatment will help the condition.

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- What happens without the treatment?
 - The side effects and risks associated with the treatment.

2. Choosing a Medical Consenter

The **court** will name (authorize) either an individual or DFPS as the medical consenter.

The individual may be a relative or someone involved in the child's life. When the court names an individual as medical consenter, that person is ultimately responsible for the medical decisions for that child and reports directly to the court. When a judge gives DFPS the power to consent to medical care for a child, the agency chooses up to four primary and backup medical consenters. The two primary medical consenters are usually the child's caregivers or a caseworker and another CPS staff.

DFPS may choose medical consenters and backup medical consenters who are:

- Professional employees of emergency shelters
- Foster parents
- Relatives
- CPS caseworkers, supervisors or other CPS staff
- Parent whose rights have not been terminated, if in child's best interest

DFPS may not choose medical consenters and backup medical consenters who are employees of staffed facilities such as residential treatment centers or intermediate care facilities for individuals with developmental disabilities. CPS caseworkers are usually designated in these cases.

In some cases, the court allows a youth 16 or 17 years old to be his or her own medical consenter, if other requirements are met. [Tex. Fam. Code § 266.010](#).

Attorneys ad litem and DFPS staff are required to inform 16 and 17 year olds in foster care of their right to ask the court whether they can consent to their own medical care. [Tex. Fam. Code § 107.003\(b\)\(3\)](#).

There are two types of medical consent training for youth:

- DFPS Medical Consent Training for Caregiver - All youth must complete this training before they become 18 years old.
- DFPS Psychotropic Medication Training – Youth who are taking psychotropic medications must complete this training before they are 18 years old.

Documentation that a youth has completed the required training should be filed in the youth's file by the caseworker.

3. Informed Consent for Psychotropic Medications

The medical consenter must always have a complete discussion with the child's health-care provider. According to Texas law, consent to giving a psychotropic medication is valid only if:

- It is given voluntarily and without undue influence, and
- The consenter receives information (given verbally or in writing) describing:
 - the specific condition to be treated;
 - the beneficial effects on that condition expected from the medication;
 - the probable health and mental health consequences of not consenting to the medication;
 - the probable clinically significant side effects and risks associated with the medication;
 - the generally accepted alternative medications and non-pharmacological interventions to the medication, if any; and
 - the reasons for the proposed course of treatment. [Tex. Fam. Code § 266.0042](#).

4. Guidance for Youth Who are Their Own Medical Consenter

[Tex. Fam. Code § 264.121](#) requires, for a youth taking prescription medication, DFPS to ensure that the youth's transition plan includes provisions to assist the youth in managing the use of the medication and in managing the child's long-term physical and mental health needs after leaving foster care, including provisions that inform the youth about:

- The use of the medication;
- The resources that are available to assist the youth in managing the use of the medication; and
- Informed consent and the provision of medical care in accordance with [Tex. Fam. Code § 266.010\(1\)](#). [Tex. Fam. Code § 264.121\(g\)](#).

The youth's caseworker and caregivers should help the youth get information about any medical condition(s), tests, treatment, and medications, and to support them in making informed decisions.

If a youth's healthcare decision puts the youth at risk for harm, the court can overrule a youth's decision to refuse medical care even after authorizing the youth to make medical decisions. To do that the court must find by clear and convincing evidence that the medical care is in the best interest of the youth and one of the following:

- The youth lacks the capacity to make the decision.
- Not getting the care will result in observable and material impairment of growth, development, or functioning of the youth.
- The youth is at risk of causing substantial bodily harm to self or others. [Tex. Fam. Code § 266.010\(g\)\(1\)-\(3\)](#).

In these situations, DFPS may file a motion asking the court to order a specific medical treatment or allow DFPS to consent to medical care for the youth. The motion must include the youth's reasons for refusing medical care and a statement signed by the physician explaining why medical care is necessary. [Tex. Fam. Code § 266.010\(d\)-\(e\)](#).

G. Monitoring Psychotropic Medications

In February 2005, DFPS, the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC) released a "best practices" guide to ensure the proper use of psychotropic medications for the children in foster care.

The updated September 2013 Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care. It serves as a resource for physicians and clinicians who care for children diagnosed with mental health disorders. The guide provides recommendations for the appropriate use of psychotropic medications for children in foster care and includes nine criteria indicating need for review of the child's clinical status.

Since April 2008, STAR Health has conducted Psychotropic Medication Utilization Reviews (PMURs) on the children whose medication regimens fall outside of the expectations of the Parameters.

[The STAR Health PMUR Process for STAR Health Members FAQ and Stakeholder Manual](#) explains this process and how to request a review. http://www.fostercaretx.com/files/2015/07/TX_FosterCare_FAQ_CleanVersion_Provider_7_62015.pdf

H. Health Passport

Each child in conservatorship has a Health Passport, which is a computer-based system that has health data about children in the STAR Health program. The Health Passport is not a full medical record. It has information on doctor and dentist visits, hospital stays, prescriptions and shot records. Only a user who is a DFPS staff member may give a copy

of the Health Passport or sections of the Health Passport to other persons or entities, including judges.

I. Court Orders for Medical Services

Special Issue: If the child needs a service not covered by Medicaid, the judge may order the service and DFPS will seek that service through a private pay contract. When entering orders for services that are not covered by Medicaid, a judge might consider drafting an order that provides DFPS the maximum flexibility in contracting because a particular provider may not be in the position to fulfill the contract as dictated by the court order. Also, a copy of the signed order should be sent via fax to Superior at 1-866-702-4837.

No court order is required as long as the service is medically necessary.

J. References

Key STAR Health phone numbers

Organization	Phone Number
Superior HealthPlan Network	1-866-912-6283
Cenpatico (Behavioral Health)	1-866-218-8263
Delta Dental (Dental Services)	1-866-287-3419
TVHP (Vision Services)	1-866-642-8959
NurseWise	1-866-912-6283
Medical Transportation Program	1-877-633-8747
Vendor Drug Program (Prescriptions)	1-800-252-8263

K. DFPS Regional Well-Being Specialists

Well-being specialists are DFPS liaisons to Superior HealthPlan, the company that operates the STAR Health provider network. Contact your regional well-being specialist for help with STAR Health.

<u>Region</u>	<u>Email</u>
Amarillo and El Paso Regions (Regions 1 and 10)	kathy.roberts@dfps.state.tx.us
Midland and Abilene Regions (Regions 2 and 9)	john.clymer@dfps.state.tx.us
Arlington Region (Region 3)	pamela.baker@dfps.state.tx.us
Tyler and Beaumont Region (Regions 4 and 5)	sheryl.mccloney@dfps.state.tx.us
Houston Region (Region 6)	Deborah.Kumar-Misir@dfps.state.tx.us
Austin Region (Region 7)	magenta.henderson@dfps.state.tx.us
San Antonio and Edinburg Regions (Regions 8 and 11)	jacqueline.lerche@dfps.state.tx.us

L. Additional Links / Resources

Texas DFPS website at

http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp

See the STAR Health website at www.fostercaretx.com

[Center for Public Policy Priorities Policy Paper on STAR Health](#), November 2008